“You will most likely have to adjust the level of complexity and detail in your delivery of health education when talking about HCV.”

Delivering health information

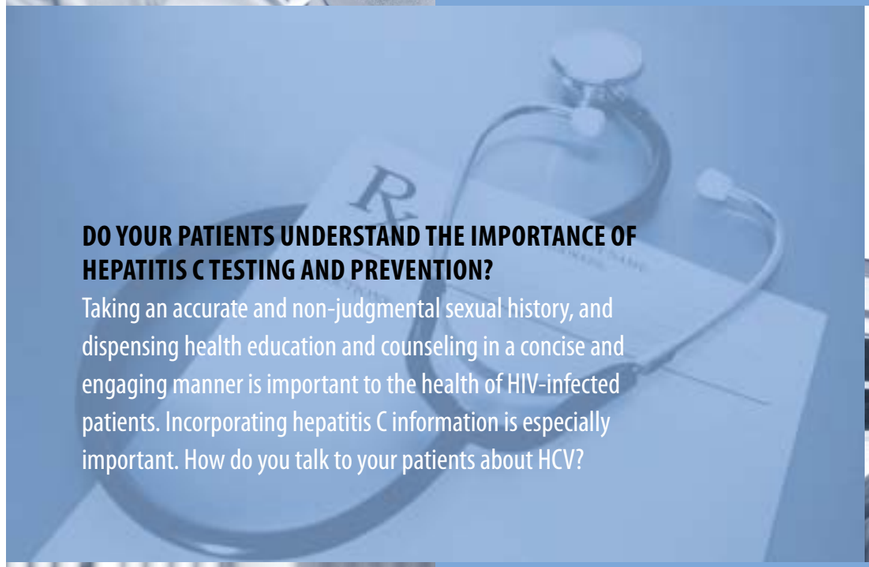
When patients test positive for HCV, or are referred to you with a known diagnosis of HCV, it is important to establish when he/she may have acquired the infection and establish risks associated with transmission. When collecting this medical history, providers often first ask about injection drug use and this may come off as being accusatory and/or judgmental and thus contribute to both external and internal stigma. Given that there are many routes of transmission, it can be more beneficial for the patient-provider relationship if these other routes of transmission are explored first.

Patients bring varying degrees of health literacy to the clinical encounter, and you will most likely have to adjust the level of complexity and detail in your delivery of health education when talking about HCV. Indeed, with the amount of misinformation that exists around HCV (“I could have sworn I was vaccinated against this, doctor”), your first appointments with a person newly diagnosed with HCV might be spent dispelling myths as you get to know your patient.

Stephen Rollnick and William Miller, the founders of motivational interviewing, offer two methods of delivering health information in their book, *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (2008). The first technique, called “chunk-check-chunk”, is a classic clinical technique where the provider offers a chunk of information, checks with the patient for understanding, and then offers another chunk of information, and so on. This method can create a respectful, two-way dialogue as opposed to a lecture where the patient may not feel heard or have the opportunity to convey understanding of the information under discussion.

The second technique, “elicit-provide-elicit”, starts by getting a sense of the patient’s understanding (“elicit”), followed by you adding to or clarifying what the patient said (“provide”), and then following with other open-ended questions to elicit the patient’s thoughts on the information you just provided (the second “elicit”). This technique also creates a two-way dialogue, but it places the patient at the start of the conversation by asking what they know about HCV. It has the added benefit of saving you time in the clinical encounter by avoiding repeating health information that the patient already knows.

Living well with **hepatitis C and HIV** educational series



DO YOUR PATIENTS UNDERSTAND THE IMPORTANCE OF HEPATITIS C TESTING AND PREVENTION?

Taking an accurate and non-judgmental sexual history, and dispensing health education and counseling in a concise and engaging manner is important to the health of HIV-infected patients. Incorporating hepatitis C information is especially important. How do you talk to your patients about HCV?

A COUNSELING GUIDE
FOR MEDICAL PROVIDERS:

Hepatitis C education for people living with HIV

PROJECT INFORM

www.projectinform.org/hcvtoolkit 415.558.8669

A COUNSELING GUIDE:
Hepatitis C education for people living with HIV

Understanding stigma and its role in hepatitis C and HIV co-infection

Stigma plays an influential role in a variety of health outcomes, and there has been much research on its role in determining access to and engagement with HCV care. There is a large degree of stigma associated with HIV and HCV in society—sexual orientation and gender identity, substance use (especially injection drug use), and sexual practices and perceptions of promiscuity—creating significant barriers for people living with one or both of these infections.

Important work has yet to resolve these larger social problems, but for our purposes we will seek to address the patient-provider relationship. Quoting Carla Treloar et al: "... the relationship between the person living with HCV and their health worker can work to ameliorate the effects of stigma" (CID, 2013: S51). Establishing trust is a central element to maintaining an open relationship with your patient where he feels comfortable talking about his behaviors and risk, as a non-judgmental approach to asking questions and delivering information.

Taking a sexual history and assessing for risk

Taking a sexual history of HIV-infected patients is an important component of their care, but as discussed above, it can be a difficult conversation for some patients to have due to stigma and/or fear of judgment. To create a more comforting environment and to establish trust, remind the patient that anything discussed is confidential, and that the questions you ask are asked of all patients.

Similarly, letting the patient know that this information is essential to enable you to provide them with the proper care creates a space for open discussion of sexual history and risk. With this level of trust and sensitivity, you can create a safe environment for your patient to openly discuss their sexual practices (and, for that matter, their drug-using practices) and accurately assess their risk of STDs including HCV. This practice not only benefits the patient, but also his partner(s).

Open-ended questions often elicit the most detailed information, but some simple closed-ended questions will also provide useful answers. Whatever your strategy, keep your questions conversational and remain mindful of the stigma and shame that patients may have experienced (or continue to experience) around sex and risk.

The CDC has offered the "Five Ps" of taking a sexual history: partners, practices, protection, past history, and prevention of pregnancy.

PARTNERS

Assess the number and gender of partners with whom your patient has sex. Don't assume the gender of the partners: Your patient may identify as "gay" yet still have sex with female or transgender partners. Are his partners known or anonymous? If in a relationship, is it open or closed or assumed monogamous? Also ask about the HIV status of said partners: Does your patient *sero-sort* (only have condomless sex with other HIV-infected partners)? Sexual transmission of HCV in HIV-infected persons has been associated with both multiple partners and among those who sero-sort. How does he talk about HCV (and STDs and HIV) with his partners?

PRACTICES

Remaining mindful of stigma and exploring with a non-judgmental attitude, ask what kind of sex does the patient have? Sex has different meanings for different people, and not all sex carries the same risk for HCV. Unprotected anal sex (both receptive and insertive), fisting (also both receptive and insertive), sharing of sex toys and the use of certain non-injectable drugs with sex all increase the risk for sexual transmission of HCV.

PROTECTION

What harm reduction and safer sex practices does your patient employ to reduce his risk of HCV transmission? Open-ended questions are very applicable here, and through the course of discussion you will be able to determine how much health education and risk reduction counseling is warranted. Included under the umbrella of protection is an additional "P": Perception. Awareness of the risk of sexually transmitted HCV is low, so patients may not be aware that some of the activities they engage in carry any risk of infection.

PAST HISTORY

It's important to get a sense of your patient's history with STDs, and especially so for HCV. First, if he has a history of syphilis, herpes or other ulcerative STDs, there may be a greater risk of HCV infection due to a greater chance of blood-to-blood contact during sex. Similarly, the relationship between anal wart treatment and rectal bleeding can increase the risk of HCV transmission. What's his history of hemorrhoids or anal fissures? Second, if your patient is one of the 20% of HIV-infected persons to naturally clear HCV, or has been successfully treated, he can get re-infected with HCV with additional exposures. It's important to know this for health education and counseling purposes.

PREGNANCY PREVENTION

This question may not be relevant to your practice depending upon the gender of your patient's partner(s). If he has sex with women, assess for pregnancy prevention. If pregnancy is an option, it might also be useful to assess for the HCV status of the female partner to discuss mother-to-child transmission of HCV.

Wrapping up the sexual history

Finish the sexual history by summarizing the conversation and checking with the patient to see if your assessment agrees with his. In the course of the discussion, risk reduction information and health education is likely to have been shared, but the patient may have new follow-up questions as well. Invite him to ask other questions. Finally, close by validating protective behaviors and make referrals to risk reduction services like syringe exchange, harm reduction counseling and support groups, as well as offer safer sex materials like condoms and lube and the educational materials contained in this toolkit.